

HOUSE No. 2234

By Mr. Rushing of Boston, petition of Byron Rushing and others for legislation to establish the office of health equity under the Executive Office of Health and Human Services. Public Health.

The Commonwealth of Massachusetts

PETITION OF:

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In the Year Two Thousand and Seven.

AN ACT TO ELIMINATE RACIAL AND ETHNIC HEALTH DISPARITIES IN THE COMMONWEALTH.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 16 of Chapter 6A of the General Laws is
2 hereby amended by inserting after the words "(7) the health facilities
3 appeal board," the following:— (8) the office of health equity.

1 SECTION 2. The second sentence of the first paragraph of
2 Section 16O of Chapter 6A of the General Laws is hereby amended

3 by inserting after the words, “The council shall make recommenda-
4 tions,” the following:— to the director of the office of health equity.

1 SECTION 3. The first sentence of the second paragraph of
2 Section 16O of Chapter 6A of the General Laws is hereby amended
3 by striking the figure “34” and inserting in place thereof the
4 following:— 35, and by inserting after the words “secretary of
5 health and human services,” the following:— the director of the
6 office of health equity,.

1 SECTION 4. Chapter 6A of the General Laws is hereby amended
2 by inserting after Section 16O the following section:—

3 Section 16P. (a) There shall be an office of health equity within
4 the executive office of health and human services. The office shall
5 be in the charge of a director, who shall report directly to the secre-
6 tary of health and human services. The health disparities council,
7 described in Section 160, shall serve as an advisory board to the
8 office of health equity. The director shall administer the provisions
9 of Chapter 111N. Any agency within any executive office, seeking
10 to implement, create or evaluate a program or policy to reduce or
11 eliminate racial or ethnic health and health care disparities, as
12 defined in Chapter 111N, shall notify the director of the office of
13 health disparities before beginning such project or evaluation or
14 instituting such policy. The director shall coordinate any such activi-
15 ties to ensure that they are complimentary, rather than redundant or
16 contradictory.

17 (b) The office shall establish an expert advisory council on
18 women of color. The expert advisory council shall provide informa-
19 tion and recommendations to the office on the impact of its activities
20 on health and health care disparities affecting women of color. The
21 director shall appoint 9 members of the council, seeking to achieve
22 balance in geographic representation, expertise, and experience in
23 the field. The office may establish other advisory councils, as deter-
24 mined by the director.

1 SECTION 5. The General Laws are hereby amended by inserting
2 after Chapter 111M the following chapter:—

3
4**CHAPTER 111N.
OFFICE OF HEALTH EQUITY.**

5 Section 1. As used in this chapter, the following words shall,
6 unless the context clearly requires otherwise, have the following
7 meanings:—

8 “Community-based health agency”, an organization that provides
9 health services or health education, including a hospital, a commu-
10 nity health center, a community mental health or substance abuse
11 center, and other health-related organization as defined by the office.

12 “Disparities” or “Racial and Ethnic Health and Health Care Dis-
13 parities”, differences in the incidence, prevalence, mortality, and
14 burden of diseases and other adverse health conditions that exist
15 among specific racial and ethnic groups.

16 “Office”, the office of health equity, as created in Section 16P of
17 Chapter 6A.

18 Section 2. Mission of the office. The office shall coordinate all
19 activities of the Commonwealth to eliminate racial and ethnic health
20 and health care disparities. The office shall set goals for the reduc-
21 tion of disparities, and prepare an annual plan for the Common-
22 wealth to eliminate disparities. The office shall educate other
23 agencies of the Commonwealth on disparities, including social fac-
24 tors that play a role in creating and maintaining disparities. The
25 office shall implement the provisions of this chapter.

26 Section 3. Disparities Impact Statement. The secretary of health
27 and human services shall annually, on the day assigned for submis-
28 sion of the budget to the general court pursuant to Section 7H of
29 Chapter 29, designate major initiatives of the Commonwealth
30 affecting the health and health care of residents of the Common-
31 wealth. Such initiatives may include any activity of the Common-
32 wealth, including, but not limited to, transportation, housing,
33 education, labor and public safety, in addition to health. For each
34 such major initiative, the office shall prepare a disparities impact
35 statement evaluating the likely positive or negative impact of each
36 initiative on eliminating or reducing racial and ethnic health dispari-
37 ties. The statements shall, to the extent possible, include quantifiable
38 impacts and evaluation benchmarks. The statements shall be posted
39 on the internet site of the executive office of health and human serv-
40 ices and submitted to the clerks of the house and senate, members of

41 the health disparities council, appropriate legislative committees,
42 and the house and senate committees on ways and means.

43 Section 4. Report card. The office shall prepare an annual health
44 disparities report card. The report card shall evaluate the progress of
45 the Commonwealth towards eliminating racial and ethnic health dis-
46 parities, using, where possible, quantifiable measures and compara-
47 tive benchmarks. The report card shall report on progress on a
48 regional basis, based on regions designated by the office. The report
49 shall include information on issues relating to disparities affecting
50 women of color and other designated subpopulations. The office
51 shall hold public hearings in several regions of the state to get public
52 information on the topics of the report card. The report card shall
53 summarize the activities of the office and provide information on
54 any evaluations of programs of the office. The report card shall be
55 delivered to the governor, speaker of the house of representatives
56 and president of the senate and the members of the health disparities
57 council, created under Section 16O of Chapter 6A, before July 1
58 each year, and shall be posted on an internet site of the office or
59 executive office of health and human services.

60 Section 5. Community agency grants program. The office shall,
61 subject to appropriation, administer a community-based health
62 agency disparities reduction grant program. The grants shall support
63 efforts by community-based health agencies to eliminate racial and
64 ethnic health disparities among predominantly underserved popula-
65 tions, including efforts addressing social factors integral to such dis-
66 parities. Grants shall be awarded following a competitive application
67 process. In awarding grants, the office shall give priority to innova-
68 tive programs replicable by other community care facilities. No
69 community-based health agency may receive more than one grant
70 concurrently. All grants shall include an evaluation component.

71 Grants shall not exceed \$250,000 and shall be awarded for not
72 more than a three-year term, provided that a grant may be renewed
73 by the office.

74 Section 6. Data collection coordination. The office shall, in con-
75 sultation with the department of public health, the health care quality
76 and cost council established under Section 16K of Chapter 6A, and
77 the division of health care finance and policy, coordinate the data
78 collection, analysis and dissemination activities of all entities

79 involved in the collection of patient and health care professional
80 race, ethnicity and language data.

81 The office may designate and implement a training curriculum for
82 primary data collectors, test and recommend software and other
83 technological means to facilitate data collection, and disseminate
84 best practices for collection of race, ethnicity and language data.

85 Section 7. Community health workers. The office shall administer
86 a community health worker program. The program shall provide
87 grants to community-based health agencies and non-profit commu-
88 nity organizations to recruit, assign, train, and employ community
89 health workers who have direct knowledge of the communities they
90 serve to facilitate the care of individuals, including by performing
91 some or all of the following duties:—

92 (1) Assisting in the coordination of health care services and
93 provider referrals, for individuals who are seeking prevention or
94 early detection services for, or who following a screening or early
95 detection service are found to have a symptom, abnormal finding, or
96 diagnosis of disease.

97 (2) Facilitating the involvement of community organizations in
98 assisting individuals who are at risk for or who have chronic dis-
99 eases to receive better access to high-quality health care services.

100 (3) Notifying individuals of clinical trials and, on request, facili-
101 tating enrollment of eligible individuals in these trials.

102 (4) Anticipating, identifying, and helping patients to overcome
103 barriers within the health care system to ensure prompt diagnostic
104 and treatment resolution of an abnormal finding.

105 (5) Coordinating with the relevant health programs to provide
106 information to individuals who are at risk for diseases about health
107 coverage, including MassHealth, the Commonwealth Care Health
108 insurance program, care reimbursable by the Health Safety Net Trust
109 Fund, coverage made available by the Commonwealth Health Insur-
110 ance Connector Authority, and other sources of health coverage.

111 Grants shall be awarded following a competitive application
112 process. In awarding grants, the office shall give priority to appli-
113 cants that demonstrate in their applications plans to utilize commu-
114 nity health worker services to overcome significant barriers in order
115 to reduce disparities and improve health care outcomes in their
116 respective communities. All grants shall include an evaluation com-
117 ponent.

118 No awardee may receive more than one grant concurrently.
119 Grants shall not exceed \$250,000 and shall be awarded for not more
120 than a three-year term, provided that a grant may be renewed by the
121 office.

122 Section 8. Community based participatory research grants. The
123 office shall, subject to appropriation, administer a community-based
124 participatory research grants program. The grants shall support
125 research partnerships between community-based health agencies and
126 academic researchers to eliminate health disparities among predomi-
127 nantly underserved populations. Grants shall be awarded to research
128 partnerships only through the community-based health agency
129 partner as the lead agency, in an effort to build community capacity
130 and infrastructure for engaging in research to eliminate health dis-
131 parities, including efforts addressing social factors integral to such
132 disparities. Grants shall be awarded following a competitive applica-
133 tion process. In awarding grants, the office shall give priority to
134 community based health agencies experienced in community-based
135 participatory research and health disparities.

136 Grants shall not exceed \$250,000 and shall be awarded for not
137 more than a three year term, provided that a grant may be renewed
138 by the office.

139 Section 9. Health literacy. The office shall, in consultation with
140 the department of public health and the office of Medicaid, establish
141 health information communication guidelines and promote health lit-
142 eracy. The guidelines shall reflect best practices for health-related
143 materials distributed by the Commonwealth and the Commonwealth
144 health insurance connector authority so they are understandable by a
145 broad cross-section of the population, including those without
146 advanced education and those whose first language is not English.
147 The guidelines shall be consistent with relevant federal standards.

148 The office shall establish a working group on health literacy to
149 promote culturally competent care, disseminate best practices, and
150 issue recommendations relative to health literacy to state agencies.

151 Section 10. Workforce diversity. The office shall establish a
152 health workforce diversity council to coordinate state, local and pri-
153 vate sector efforts, including the health professional worker training
154 grant program established in Section 9 of Chapter 23H to develop a
155 more racially and ethnically diverse health care workforce. The

156 council may make recommendations to facilitate more effective use
157 of financial and other resources to achieve its purposes.

158 Section 11. Regulatory authority. The office shall promulgate reg-
159 ulations consistent with this chapter. Any such regulations shall
160 require a public notice and a hearing under Section 2 of Chapter
161 30A. The office shall provide notice of any hearing to all members
162 of the health disparities council created under Section 16O of
163 Chapter 6A.

1 SECTION 6. Section 9 of Chapter 23H of the General Laws is
2 hereby amended by striking out the first 4 paragraphs and inserting
3 in place thereof the following paragraphs:—

4 A health professions worker training grant program is established
5 for the purpose of responding to the need for workers in various
6 health care professions, subject to the requirements of Section 2RR
7 of Chapter 29. The health professions worker training program shall
8 place a particular focus meeting the needs of underserved popula-
9 tions, diversifying the health care workforce and creating a work-
10 force that can provide culturally competent care.

11 A qualifying consortium shall apply for grant funding from the
12 fund in the manner specified by the director.

13 Applications for grants must describe targeted participants of the
14 proposed grant application and must describe the specific critical
15 work force shortage or lack of diversity or culturally appropriate
16 care in the health care work force the program is designed to alle-
17 viate. The application must include verification that in the process of
18 determining that a critical work force shortage exists in the target
19 area, the applicant has (1) consulted available data on worker short-
20 ages and (2) conferred with employers in the target area.

21 Within the limits of available appropriations, the director shall
22 make grants not to exceed \$200,000 each to qualifying consortium
23 to provide workforce development services which may lead to
24 employment and greater diversity in the health professions. Grant
25 awards must establish specific, measurable outcomes and timelines
26 for achieving those outcomes.

1 SECTION 7. Section 10 of Chapter 23H of the General Laws, as
2 so appearing, is hereby amended by striking out the fourth sentence
3 and inserting in place thereof the following two sentences:—

4 The state workforce investment board shall consult with stake-
5 holder advocacy groups, community-based nonprofit service
6 providers, local workforce investment boards, and the office of
7 health equity, as created by Section 16P of Chapter 6A, in the devel-
8 opment of both performance standards and reporting requirements.
9 The office of health equity shall recommend standards that measure
10 the success of the program in diversifying the health care workforce
11 in each community it serves.

1 SECTION 8. DPH wellness program. Chapter 111 of the General
2 Laws is hereby amended by inserting after Section 25K the
3 following section:—

4 Section 25L. The department shall establish a chronic disease self
5 management program to support organizations engaged in education
6 and training to enable economically vulnerable individuals with
7 chronic disease to develop skills and capacities to manage and
8 improve their own health. Subject to appropriation, the department
9 shall provide grants to non-profit community based organizations to
10 implement chronic disease self management programs. Grantees
11 shall include non-profit community based organizations who work
12 with populations to be served by the program. For the purposes of
13 this section, “chronic disease self management programs” shall
14 mean workshops or other programs for people with chronic diseases
15 that teach the skills needed in the day-to-day management of treat-
16 ment and to maintain and/or improve life activities. These programs
17 shall:—

18 (a) enhance targeted individuals’ ability to deal with problems
19 such as frustration, fatigue, pain and isolation;

20 (b) teach skills to engage in appropriate exercise for maintaining
21 and improving strength, flexibility, and endurance;

22 (c) teach appropriate use of medications;

23 (d) train in effective communication skills with family, friends
24 and health professionals;

25 (e) teach effective nutrition skills; and

26 (f) train in how to evaluate new treatments.

1 SECTION 9. Translation reimbursement for physicians. Section 7
2 of Chapter 118G of the General Laws is hereby amended by
3 inserting after the sixth paragraph the following paragraph:—

4 In determining rates to be paid by governmental units to physi-
5 cians the division shall include as an operating expense the reason-
6 able cost of providing competent interpreter services.

1 SECTION 10. Office role in hospital rate increases. Section 13B
2 of Chapter 118E of the General Laws, as appearing in Section 25 of
3 Chapter 58 of the Acts of 2006, is hereby amended by inserting after
4 the second sentence the following sentence:—

5 Standards and benchmarks relating to the reduction of racial and
6 ethnic disparities shall be developed by the office of health equity
7 established by Section 16P of Chapter 6A.

1 SECTION 11. Environmental justice. The General Laws are
2 hereby amended by inserting after Chapter 111K the following
3 chapter:—

4 **Chapter 111L.**
5 **Community Environmental Health Disparities.**

6 Section 1. As used in this chapter the following words shall have
7 the following meanings:—

8 “Communities Health Index”, a cumulative evaluation of the
9 health of communities based on specific health outcome indicators
10 that ranks communities based on their health status so as to identify
11 communities whose residents suffer disproportionately high rates of
12 disease and premature death.

13 “Department”, the department of public health.

14 Section 2. There is hereby established in the department a com-
15 munity environmental health disparities program. The purpose of the
16 program is to establish a communities health index and require cer-
17 tain proposed projects to complete a health impact assessment to
18 help protect the health of community residents. The department shall
19 adopt regulations to implement the community health disparities
20 program

21 Section 3. (a) No less often than once every five years the depart-
22 ment shall create and publish a communities health index using the
23 most recent three years of health data it has available.

24 (b) The communities health index shall be based on the
25 following:—

- 26 (1) Primary indicators for a community:—
27 (i) Total age adjusted mortality, 25% or more above the Common-
28 wealth rate;
29 (ii) Total age adjusted emergency room visits, 10% or more above
30 the Commonwealth rate;
31 (iii) Elevated blood lead levels in children under age 15, 10% or
32 more above the Commonwealth rate;
33 (iv) Asthma and asthma-related hospital admissions or prevalence
34 in children under age 15, 10% or more above the Commonwealth
35 rate; and
36 (v) Infant mortality 10% or more above the Commonwealth rate.
- 37 (2) Secondary indicators for a community:—
38 (i) Total age adjusted non-congenital cardiovascular disease and
39 stroke morbidity, 10% or more above the Commonwealth rate;
40 (ii) Total age adjusted heart attack hospitalizations, 10% or more
41 above the Commonwealth rate;
42 (iii) Total age adjusted stroke and stroke-related hospitalizations,
43 10% or more above the Commonwealth rate; and
44 (iv) Bronchitis and bronchitis-related hospitalizations in children
45 under age 15 and younger and adults age 65 and older, 10% or more
46 above the Commonwealth rate.
- 47 (3) Other indicators for a community:—
48 (i) Other health outcome indicators, if any, chosen by the depart-
49 ment to compare community health; and
50 (ii) Environmental indicators (such as elevated levels of particu-
51 late matter in the air), if any, chosen by the department as predictive
52 of negative health outcomes.
- 53 (c) The department shall weight the indicators, giving more
54 weight to the primary indicators than to the secondary indicators, to
55 determine which communities' residents suffer disproportionately
56 high levels of serious disease, disability, and premature death and
57 shall index the communities from worst to best health outcomes. A
58 community in the top 50th percentile of the index for poor health
59 outcomes is determined to have the worst health outcomes and
60 deemed to be most vulnerable. The department may adjust the per-
61 centile up or down by no more than 10 percent to identify the com-
62 munities with the worst health outcomes in the Commonwealth.
- 63 (d) For purposes of creating the communities health index:—

64 (1) A community shall include at least 10,000 residents. If a
65 municipality has fewer than 10,000 residents, the department shall
66 cluster the municipality with one or more contiguous municipalities
67 to create a combined community with at least 10,000 and no more
68 than 100,000 residents.

69 (2) A community shall not exceed 100,000 residents. If a munic-
70 ipality has more than 100,000 residents, the department shall divide
71 the municipality into geographically contiguous communities of
72 10,000-50,000 residents.

73 (3) The department may divide municipalities of 50,000-100,000
74 residents into geographically contiguous communities of 10,000-
75 50,000 residents if there are distinct differences in indicators within
76 areas of the municipality.

1 SECTION 12. The Department of Public Health shall adopt regu-
2 lations to implement Chapter 111L of the General Laws, inserted by
3 Section 12 of this act, within one year after the effective date of this
4 act.